

# UTAH STATE SENATE

## 2016 CONFLICT OF INTEREST FINANCIAL DISCLOSURE

*All versions of this document, including amended versions, shall remain on the legislative website and in the Senate main office (hard copy) for four years from the date the completed form is received by the Secretary of the Senate.*

*NOTE: "preceding year" means the year immediately preceding the day on which the officeholder files a Conflict of Interest form. UCA: 20A-11-1602(6)*

**1. Name of Officeholder: F. ANN MILLNER**

**2. Employment**

*(An officeholder is required to disclose each of the officeholder's current employers, as well as employers during the preceding year) [2014 Gen. Session, HB 394, pg. 21]*

Name & address of CURRENT employer(s)	Brief description of employment	Occupation and/or job title
WEBER STATE UNIVERSITY OGDEN, UT 84408 34 YEARS	PROFESSOR	REGENTS PROFESSOR FORMER PRESIDENT
Name & address of PRECEDING YEAR'S employer(s)	Brief description of employment	Occupation and/or job title
WEBER STATE UNIVERSITY OGDEN, UT 84408	PROFESSOR	REGENTS PROFESSOR

**3. Entities in which you are an owner or officer [2014 Gen Session, HB 394, pg 21]**

CURRENT YEAR: Name of entities	Type of business or activity conducted by each entity	Your position in each entity
N/A		
PRECEDING YEAR: Name of entities	Type of business or activity conducted by each entity	Your position in each entity
N/A		

4. **Each individual or entity from whom the regulated officeholder has received \$5,000 or more *in income* currently and during the preceding year**

[2014 Gen. Session, HB 394, pg. 21]

NOTE: UCA 20A-11-1604 (5) (b): "in making the disclosure . . . , a regulated officeholder who provides goods or services to multiple customers or clients as part of a business or a licensed profession is only required to provide the information described in Subsection (4)(e) in relation to the entity or practice through which the regulated officeholder provides the goods or services and is not required to provide the information described in Subsection (4)(e) in relation to the regulated officeholder's customers or clients."

Name of individual or entity	Type of business or activity conducted by the entity
WEBER STATE UNIVERSITY	HIGHER EDUCATION
MERIT MEDICAL	MEDICAL DEVICES
ZIONS BANK	FINANCIAL SERVICES

5. **Each entity in which you currently hold any stocks or bonds having a fair market value of \$5,000 or more, including info for the preceding year**

[2014 Gen. Session, HB 394, pg. 21]

(excludes funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds)

Name of entity	Type of business or activity conducted by the entity
MASTER LIMITED PARTNERSHIPS 1. LINN CO., LLC 2. TEEKAY OFFSHORE PARTNERS 3. MEMORIAL PRODUCTION PARTNERS	PUBLICALLY TRADED MASTER LIMITED PARTNERSHIPS 1,2,3
REVENUE BONDS 4. UNIVERSITY OF WASHINGTON HOUSING 5. WASHINGTON STATE G.O. 6. DELTONA FLORIGA TRANSPORTATION	MUNICIPAL BONDS 4,5,6

6. **Entity or organization for which you serve on the board of directors or in any other type of paid leadership capacity (include current and preceding year)**

[2014 Gen. Session, HB 394, pg. 21]

\* (only required to list those entities not already listed in responses to questions 3,4, or 5)

Name of entity or organization	Type of business or activity conducted by the entity	Your position in the entity or organization
MERIT MEDICAL INTERMOUNTAIN HEALTHCARE	MEDICAL DEVICE HEALTHCARE	BOARD OF DIRECTORS BOARD MEMBER

UTAH FOUNDATION ZIONS BANK ADVISORY BOARD	PUBLIC POLICY RESEARCH FINANCIAL SERVICES	BOARD MEMBER ADVISORY BOARD MEMBER
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7. **Description of any real property in which the legislator holds an ownership or other financial interest that the legislator believes may constitute a conflict of interest** *(optional)* [2014 Gen. Session, HB 394, pg. 22]

Description of the real property	Description of the type of interest held by the legislator
NONE	

8. **Name of spouse and any other adult residing in your household who is not related by blood or marriage.** [see 2014 Gen. Session, HB 394; pg. 22]

Name of SPOUSE: NONE
Names of OTHER ADULTS residing in home who are not related by blood or marriage:
RICHARD AND ROSE ULIBARRI

9. **Employment information for your spouse and any other adult residing in your household that is not related to you by blood or marriage - include current employer and employer(s) during the preceding year** [2014 Gen. Session, HB 394, pgs. 20 and 22]

SPOUSE's current employer(s):	Address of spouse's current employer(s)
SPOUSES's employer(s) in the preceding year:	Address of spouse's preceding year employer(s)
Information for other adults not related by blood or marriage who are living in the same home as officeholder:	
NAME OF INDIVIDUAL: ROSE ULIBARRI	Brief description of employment & occupation: RETIRED
NAME OF INDIVIDUAL: RICHARD ULIBARRI	Brief description of employment & occupation: RETIRED

10. **Any other matter or interest you believe may constitute a conflict of interest** *(optional) [2014 Gen. Session, HB 394, pg. 22]*

**I certify that I believe the information provided on this form  
is true and accurate to the best of my knowledge:**

S/F. ANN MILLNER  
(Signature of Senate member)

JAN 13, 2016  
(Date)

***Received by the Secretary of the Senate:***

S/ LESLIE McLEAN  
(Signature of Secretary of the Senate)

JAN. 13, 2016  
(Date)